

## Attachment 3

**COMPLETING DD FORM 1172, APPLICATION FOR  
UNIFORMED SERVICES IDENTIFICATION CARD-DEERS ENROLLMENT****A3.1. General Instructions:**

A3.1.1. Use DD Form 1172 to apply for all ID cards that this instruction refers to. Also use it to enroll or update eligible individuals into the DEERS database.

A3.1.2. Retain and dispose of DD Form 1172 according to paragraph 2.3.6.

A3.1.3. If manually preparing the form, type or print legibly using black ball-point pen.

A3.1.4. When completing the form, use the exact codes listed under each item. For example, in block 35, (relationship), enter CH for child, SC for stepchild, and SP for spouse.

A3.1.5. Complete a manual DD Form 1172 and do not update the DEERS or RAPIDS when issuing DD Forms 1173 to foreign personnel or OSI agents, or DD Forms 1173-1 for Reserve OSI Agents, or when issuing DD Forms 489 and 1934 and AF Form 354 (see notes 1 and 2 of this attachment). **EXCEPTION:** Use the automated ID card system when creating a DD Form 1172 for British foreign personnel who are already entered in DEERS.

A3.1.6. Enroll ROTC cadets in RAPIDS On-Line Guard/Reserve (ROGR) file.

**A3.2. DEERS Enrollment:**

A3.2.1. A sponsor with dependents must enroll in DEERS:

All eligible dependents.

Any other beneficiary not issued an ID card for whom the sponsor claims dependent status for medical benefits.

A3.2.2. Provide this information in section II, and include the dependent's:

A3.2.2.1. Name.

A3.2.2.2. Date of birth.

A3.2.2.3. Relationship to the sponsor.

A3.2.2.4. SSN.

A3.2.2.5. Address, if different from that of the sponsor or applicant.

A3.2.3. If an eligibility inquiry through DEERS or a previously verified DD Form 1172 confirms eligibility, you do not need to duplicate this action.

**A3.3. Section I. Sponsor Information:**

A3.3.1. Block 1. Name. Enter the sponsor's last name first, first name, and middle initial or full middle name. (Use no more than 27 characters.) **NOTE:** The name field may include a designation of JR, SR, ESQ, or the Roman numerals I through X. To include this designation, enter the appropriate data after the middle initial. The name may not contain any special characters or punctuation.

A3.3.2. Block 2. Sex. Enter the sex of the sponsor, using the valid abbreviations listed in the left column below. (Use one character:)

M Male

F Female

A3.3.3. Block 3. SSN. Enter the sponsor's SSN. If the sponsor does not have an SSN, enter the sponsor's service serial number. Add left justified zeros when the service number contains less than nine digits; for example, enter serial number "12345" as "000012345." (Use nine characters.) **NOTE:** If the DEERS database reflects the same SSN or service serial number for another individual, stop processing and verify the number. If verification confirms that the Social Security Administration has duplicated the SSN, continue processing and the system will automatically generate a duplicate control number for the additional sponsor.

A3.3.4. Block 4. Status. Enter the person's status, using the valid abbreviations listed in the left column below. (Use no more than six characters.)

ACADMY	-- Service Academy Cadet
AD	-- Active duty (excluding Guard and Reserve on extended active duty for 31 days or more)
AD-DEC	-- Active duty deceased
CIV	-- Civilian
DAVDEC	-- 100-percent disabled veteran (disability), deceased (TMP) or permanent (PRM)
DAVPRM	-- 100-percent disabled veteran, permanent disability
DAVTMP	-- 100-percent disabled veteran, temporary disability
FM	-- Foreign military personnel
FRMMR	-- Former member who receives retired pay but has been discharged and maintains no military affiliation (See Attachment 1, section C, for definition.)
FRMDEC	-- Former member who qualified for retired pay at age 60 but died while receiving retired pay or died before the 60th birthday
GRD	-- National Guard (all categories of Guard members not on active duty)
GRDDEC	-- National Guard deceased
GRD-AD	-- National Guard on extended active duty for 31 days or more
MH	-- Medal of Honor recipient
MH-DEC	-- Medal of Honor recipient deceased
PDRL	-- Retired member on the permanent disability retired list (PDRL)
PR-APL	-- Prisoner or appellate leave
RCL-AD	-- Recall to active duty
RES	-- Reserve (all categories of selected Reserve not on active duty)

RES-AD	-- Reserve members on extended active duty for 31 days or more
RESDEC	-- Reserve deceased
RESRET	-- Guard and Reserve members who retire but are not entitled to retired pay until age 60 (gray-area retiree)
RET	-- Retired member entitled to retired pay
RETDEC	-- Deceased retired member entitled to retired pay at time of death. (Includes active duty retired, Reserve retired beginning on his or her 60th birthday, TDRL, and PDRL)
SSB	-- Voluntarily separated member approved for a special separation benefit (SSB) and entitled to 120 days of medical benefits
TDRL	-- Retired member, on the temporary disability retired list (TDRL)
Title 3	-- Title III Retiree
TA-30	-- Transition Assistance 30 Days
TA-60	-- Involuntarily separated member with 60 days of medical benefits
TA-RES	-- Selected Reserve Transition Program
TA-120	-- Involuntarily separated member with 120 days of medical benefits
UNKN	-- Not Elsewhere Classified
VSI	-- Voluntary separation incentive.

A3.3.5. Block 5. Branch of Service. Enter the sponsor's organization, using the valid abbreviations listed in the left column below. (Use no more than five characters.)

USA	-- US Army
USAF	-- US Air Force
USN	-- US Navy
USMC	-- US Marine Corps
USCG	-- US Coast Guard
PHS	-- Public Health Service
NOAA	-- National Oceanic and Atmospheric Administration
OTHER	-- Use when the sponsor is not affiliated with one of the Uniformed Services listed above
NA	-- Not applicable

A3.3.6. Block 6. Pay Grade. Enter the sponsor's pay grade using the valid abbreviations listed in the left column below. (Use no more than four characters.)

E1-E9	--	Enlisted pay grades 1 through 9
W1-W5	--	Warrant officer pay grades 1 through 5
STDT	--	Academy or Navy OCS Student
001-01-010	--	Officer pay grades 1 through 10
GS01-GS18	--	Federal employees with General Schedule pay grades
N/A	--	Not applicable. Use this code with the block 4 status codes "FRMBR" or "FRMDEC"

**NOTE:** For AFOSI special agents, enter AFOSI-SA

A3.3.7. Block 7. Rank. Enter the uniformed service sponsor's rank, using one of the valid abbreviations listed below. This block is left blank for all other sponsors. For NOAA and PHS sponsors, follow the Navy or Coast Guard officer ranks. Pay grade 011 is reserved. (Use no more than six characters.)

<u>Pay Grade</u>	<u>Army Rank</u>	<u>Air Force Rank</u>	<u>Marine Corps Rank</u>	<u>Navy or Coast Guard Rank</u>
010	GEN	GEN	GEN	ADM
009	LTG	LTGEN	LTGEN	VADM
008	MG	MAJGEN	MAJGEN	RADM
007	BG	BGEN	BGEN	RADM
006	COL	COL	COL	CAPT
005	LTC	LTCOL	LTCOL	CDR
004	MAJ	MAJ	MAJ	LCDR
003	CPT	CAPT	CAPT	LT
002	1LT	1STLT	1STLT	LTJG
001	2LT	2NDLT	2NDLT	ENS
W5	CW5		CWO5	CWO-5
W4	CW4	CWO-4	CWO4	CWO-4
W3	CW3	CWO-3	CWO3	CWO-3
W2	CW2	CWO-2	CWO2	CWO-2
W1	WO1	WO	WO	WO-1
E9	SMA	CMSAF	SMOFMC	MCPON/MCPOCG
E9	CSM	CMSGT	SGTMAJ	MCPO
E9	SGM		MGYSGT	
E8	1SG	SMSGT	1STSGT	SCPO

<u>Pay Grade</u>	<u>Army Rank</u>	<u>Air Force Rank</u>	<u>Marine Corps Rank</u>	<u>Navy or Coast Guard Rank</u>
E8	MSG		MSGT	
E7	SFC	MSGT	GYSGT	CPO
E7				
E6	SSG	TSGT	SSGT	P01
E5	SGT	SSGT	SGT	P02
E5		SSgt	SGT	PO2
E4	CPL	SGT	CPL	P03
E4	SPC	SRA		
E3	PFC	A1C	LCPL	NON-PO
E2	PVT	AMN	PFC	NON-PO
E1	PV1	AB	PVT	NON-PO
STDT	CADET	CADET	PLC	MIDSHIP/CADET
STDT	OC	OC	PLC	OC
STDT	ROTC	ROTC	PLC	ROTC
STDT	ROTC	AOC	PLC	ROTC
UNK	FM	UNK	FM	FM

**NOTE:** For special agents, enter SA

A3.3.8. Block 8. GEN CAT (Geneva Convention Category). Enter the sponsor's appropriate Geneva Convention Category using one of the valid abbreviations listed in the left column below. (Use no more than three characters.)

I	--	Category I (pay grades E1 through E4)
II	--	Category II (pay grades E5 through E9)
III	--	Category III (pay grades W1 through 003, cadets, or midshipmen)
IV	--	Category IV (pay grades 004 through 006)
V	--	Category V (pay grades 007 through 011)
N/A	--	Not applicable (nonprotected personnel)

**NOTE:** For special agents, enter UNK.

A3.3.9. Block 9. Type of Card Issued. If the transaction results in issue or reissue of the sponsor's identification card, enter the appropriate abbreviation from the left column below to indicate which card was issued to the sponsor. (Use up to six characters.)

2ACT	--	DD Form 2ACT (Green)
2RET	--	DD Form 2Ret (Blue)
2RES	--	DD Form 2RES (Red)
1173	--	DD Form 1173 (Tan)
1173-1	--	DD Form 1173 -1(Red)
489	--	Geneva Conventions
1934	--	Geneva Conventions
354	--	Air Force Civilian (Blue)
1602		Army Civilian

**NOTE:** Manually prepare DD Form 1172 when issuing to foreign personnel and OSI agents or DD Forms 489 and 1934 and AF Form 354. Do not update the DEERS database via on-line terminals or floppy disk application for these cards.

A3.3.10. Block 10. ID No. (Identification Card Number). Enter the serial number of the DD Form 2 or DD Form 1173 you are issuing to the sponsor. No ID card number is required for automated sites. If you are terminating eligibility for entitlements, do not update this block except to identify a card that may be in the possession of an individual no longer entitled to it. Retrieve such cards for destruction.

A3.3.11. Block 11. Last Update. No action required. This date is generated automatically by DEERS and indicates the date of the last on-line transaction or DD Form 1172 submitted for the sponsor.

A3.3.12. Block 12. V/I (Verify/Issue). Enter the action abbreviation to show the reason you are preparing DD Form 1172. Select from the valid values listed in the left column below. For Ready Reserve members and Reserve retirees entitled to pay at age 60, leave blank. (Use one character.)

A	--	To indicate a new record on DEERS.
C	--	To indicate a change or update transaction (rather than a card issue)
T	--	To terminate eligibility for benefits and privileges. Use a termination only when the sponsor is no longer eligible for benefits (for example, in the case of discharge, death, or unauthorized issue of an ID card).
I	--	To indicate the issue of an ID card.
E	--	Exit will not update a record.
U	--	To indicate a sponsor and or dependent's address update only.
R	--	Reissue ID card or Form 1172.

**NOTE:** Issue an ID card if block 12 indicates A, I, or R.

A3.3.13. Block 13. Current Residence Address. Enter the number and street of the sponsor's residence address. When disclosure of the residence address would violate the Privacy Act and the sponsor is an active duty or a Reserve member, enter the sponsor's military mailing address. If the sponsor

is deceased or if the address is unknown, leave blank. (Use no more than 27 characters.) **NOTE:** Blocks 13 through 18 and 20. Leave blank when you send DD Form 1172 to the member for signature (see paragraph 2.24.), unless the applicant provides this information.

A3.3.14. Block 14. Supplemental Address Information. Enter supplemental address information such as an apartment number. Do not enter a duty address in combination with a residence address. You may leave this field blank. (Use no more than 20 characters.)

A3.3.15. Block 15. City. Enter the sponsor's current city of residence. If the sponsor's address is an AA, AE, or AP, enter the designation AA, AE, or AP. If the sponsor is deceased or the city is unknown, leave blank. (Use no more than 18 characters.)

A3.3.16. Block 16. State. Enter the US postal abbreviation for the state of the sponsor's residence using one of the valid abbreviations listed below. If the sponsor's address is an AA, AE, or AP, enter the AA, AE, or AP state. If the sponsor lives outside of the 50 United States, the District of Columbia, or one of the listed trust territories, enter a default value of "XX." If the sponsor is deceased or if address is unknown, leave blank. For values that reflect the new state codes for AA, AE, and AP addresses, use AA for units in the Americas, other than the United States and Canada; AE for units in Europe, the Middle East, Africa, and Canada; and AP for units destined to the Pacific. (Use two characters.)

Alabama	AL	Guam	GU
Alaska	AK	Hawaii	HI
American Samoa	AS	Idaho	ID
Arizona	AZ	Illinois	IL
Arkansas	AR	Indiana	IN
California	CA	Iowa	IA
Colorado	CO	Kansas	KS
Connecticut	CT	Kentucky	KY
Delaware	DE	Louisiana	LA
District of Columbia	DC	Maine	ME
Florida	FL	Maryland	MD
Georgia	GA	Massachusetts	MA
Michigan	MI	Puerto Rico	PR
Minnesota	MN	Rhode Island	RI
Mississippi	MS	South Carolina	SC
Missouri	MO	South Dakota	SD
Montana	MT	Tennessee	TN
Nebraska	NE	Federated States of	
Nevada	NV	Marshall Islands, Palau	TT
New Hampshire	NH	Texas	TX

New Jersey	NJ	Utah	UT
New Mexico	NM	Vermont	VT
New York	NY	Virginia	VA
North Carolina	NC	Virgin Islands	VI
North Dakota	ND	Washington	WA
Ohio	OH	West Virginia	WV
Oklahoma	OK	Wisconsin	WI
Oregon	OR	Wyoming	WY
Pennsylvania	PA		

A3.3.17. Block 17. ZIP Code. Enter the nine-digit ZIP Code of the sponsor's current residence address in nine characters. Example: 123456789. If the last four digits are unknown, enter four zeros (0000). For example, enter 123450000. If the sponsor does not reside in one of the 50 United States, the District of Columbia, or one of the listed trust territories, enter the applicable foreign ZIP code, or APO or FPO number. If the sponsor is deceased or if the address is unknown, leave blank. (Use no more than nine characters.)

A3.3.18. Block 18. Country. Enter the sponsor's country of residence using one of the valid abbreviations listed below. If the sponsor's address is an APO or FPO, enter US. If the sponsor is deceased or if the country is unknown, leave blank. (Use two characters.)

Afghanistan	AF	Botswana	BC
Albania	AL	Bouvet Island	BV
Algeria	AG	Brazil	BR
American Samoa	AQ	British Indian Ocean Territory	IO
Andorra	AN	British Virgin Islands	VI
Angola	AO	Brunei	BX
Anguilla	AV	Bulgaria	BU
Antarctica	AY	Burkina-Faso	UV
Antigua and Barbuda	AC	Burma	BM
Argentina	AR	Burundi	BY
Aruba	AA	Cambodia Formerly Kampuchea	CB
Ashmore and Cartier Islands	AT	Cameroon	CM
Australia	AS	Canada	CA
Austria	AU	Cape Verde	CV
Bahamas, The	BF	Cayman Islands	CJ
Bahrain	BA	Central African Empire, formerly Central African Republic	CT
Baker Island	PQ	Chad	CD



Bangladesh	BG	Chile	CI
Barbados	BB	China	CH
Bassas Da India	BS	Christmas Island	KT
Belgium	BE	Clipperton Islands	IP
Belize, formerly British Honduras	BH	Cocos (Keeling) Islands	CK
Benin	BN	Columbia	CO
Bermuda	BD	Comoros, formerly Comoro Island	CN
Bhutan	BT	Congo	CF
Bolivia	BL	Cook Islands	CW
Coral Sea Islands	CR	Jamaica	JM
Costa Rica	CS	Jan Mayen	JN
Cuba	CU	Japan	JA
Cyprus	CY	Jarvis Island	DQ
Czechoslovakia	CZ	Jersey	JE
Denmark	DA	Johnston Atoll	JQ
Djibouti, formerly French Somaliland	DJ	Jordan	JO
Dominica	DO	Juan De Nova Island	JU
Dominican Republic	DR	Kenya	KE
Ecuador	EC	Kingman Reef	KQ
Egypt	EG	Kiribati	KR
El Salvador	ES	Korea, Democratic Peoples Republic of	KN
Equatorial Guinea	EK	Korea, Republic of	KS
Ethiopia	ET	Kuwait	KU
Europa Island	EU	Laos	LA
Falkland Islands	FA	Lebanon	LE
Faroe Islands, formerly Faeroe Islands	FO	Lesotho	LT
Fiji	FJ	Liberia	LI
Finland	FI	Libya	LY
France	FR	Liechtenstein	LS
French Guyana	FG	Luxembourg	LU
French Polynesia	FP	Macau	MC
French Southern and Antarctica Lands	FS	Madagascar	MA

Gabon	GB	Malawi	MI
Gambia, The	GA	Malaysia	MY
Gaza Strip	GZ	Maldives	MV
Germany	GM	Mali	ML
Ghana	GH	Malta	MT
Gibraltar	GI	Man, Isle of	IM
Glorioso Islands	GO	Martinique	MB
Greece	GR	Mauritania	MR
Greenland	GL	Mauritius	MP
Grenada	GJ	Mayotte	MF
Guadeloupe	GP	Midway Islands	MQ
Guam	GQ	Mexico	MX
Guatemala	GT	Monaco	MN
Guernsey	GK	Mongolia	MG
Guinea	GV	Montserrat	MH
Guinea-Bissau	PU	Morocco	MO
Guyana	GY	Mozambique	MZ
Haiti	HA	Namibia	WA
Heard Island and McDonald Island	HM	Nauru	NR
Honduras	HO	Navassa Island	BQ
Hong Kong	HK	Nepal	NP
Howland Island	HQ	Netherlands	NL
Hungary	HU	Netherlands Antilles	NA
Iceland	IC	New Caledonia	NC
India	IN	New Zealand	NZ
Indonesia	ID	Nicaragua	NU
Iran	IR	Niger	NG
Iraq	IZ	Nigeria	NI
Iraq Saudi Arabia Neutral Zone	IY	Niue	NE
Ireland	EI	Norfolk Island	NF
Israel	IS	Northern Mariana Islands	CQ
Italy	IT	Norway	NO
Ivory Coast	IV	Oman	MU
Pakistan	PK	Sweden	SW
Palmyra Atoll	LQ	Switzerland	SZ

Panama	PM	Syria	SY
Papua New Guinea	PP	Taiwan	TW
Paracel Islands	PF	Tanzania, United Republic of	TZ
Paraguay	PA	Thailand	TH
Peru	PE	Togo	TO
Philippines	RP	Tokelau	TL
Pitcairn Island	PC	Tonga	TN
Poland	PL	Trinidad and Tobago	TD
Portugal	PO	Tromelin Island	TE
Puerto Rico	RQ	Trust Territory of the Pacific Islands	NQ
Qatar	QA	Tunisia	TS
Reunion	RE	Turkey	TU
Romania	RO	Turks and Caicos Islands	TK
Russia	RS	Tuvalu	TV
Rwanda	RW	Uganda	UG
St Christopher and Nevis	SC	United Arab Emirates	TC
St Helena	SH	United Kingdom	UK
St Lucia	ST	United States	US
St Pierre and Miquelon	SB	United States Virgin Islands	VQ
St Vincent and the Grenadines	VC	Uruguay	UY
San Marino	SM	Vanuatu	NH
Sao Tome and Principe	TP	Vatican City	VT
Saudi Arabia	SA	Venezuela	VE
Senegal	SG	Vietnam	VM
Seychelles	SE	Virgin Islands	VQ
Sierra Leone	SL	Wake Islands	WQ
Singapore	SN	Wallis and Futuna	WF
Solomon Islands	BP	West Bank	WE
Somalia	SO	Western Sahara	WI
South Africa	SF	Western Samoa	WS
Spain	SP	Yemen (Aden)	YS
Spratly Islands	PG	Yemen (Sanaa)	YE
Sri Lanka	CE	Yugoslavia	YO
Sudan	SU	Zaire	CG
Surinam	NS	Zambia	ZA
Svalbard	SV	Zimbabwe	ZI

## Swaziland

## WZ

A3.3.19. Block 19. Unit Identification Code (UIC). No action required. Leave this block blank. This is an eight character (Air Force), six character (Army) and five character (Navy) restricted field entered by each uniformed service personnel system that interfaces with DEERS. UIC equals PAS code for Air Force, RUC-MCC for Marine Corps, or OPFAC for Coast Guard personnel.

A3.3.20. Block 20. Home Telephone Number. Enter the sponsor's current residence, duty, or business telephone number beginning with the area code. Do not use a punctuation to separate area code, prefix, and basic number. Leave this block blank. (Use no more than 10 characters.)

A3.3.21. Block 21. Date of Birth. Enter the sponsor's date of birth in four-digit year, three-character month, and two-digit day format (YYYYMMDD). (Use nine characters.)

A3.3.22. Block 22. Blood Type. Enter the sponsor's blood type, using one of the abbreviations listed in the left column below. You may leave this block blank for other than AD, RCL-AD, ACADMY, GRD, or RES sponsors. (Use no more than three characters.)

A+	--	A Positive
A -	--	A Negative
B+	--	B Positive
B -	--	B Negative
AB+	--	AB Positive
AB -	--	AB Negative
O+	--	O Positive
O -	--	O Negative
UNK	--	Unknown

A3.3.23. Block 23. Color Eyes. Enter the sponsor's correct eye color using one of the valid abbreviations listed in the left column below. If the sponsor is deceased or if you do not know his or her eye color, enter UN. (Use two characters.)

BR	--	Brown
GR	--	Green
BL	--	Blue
HZ	--	Hazel
BK	--	Black
GY	--	Gray
OT	--	Other
UN	--	Unknown

A3.3.24. Block 24. Color Hair. Enter the sponsor's correct hair color using one of the valid abbreviations listed in the left column below. If the sponsor is deceased or if you do not know his or her hair color, leave blank. (Use two characters.)

BR	--	Brown
GY	--	Gray
RD	--	Red
AU	--	Auburn
BK	--	Black
BN	--	Blonde
OT	--	Other
BD	--	Bald

A3.3.25. Block 25. Height. Enter the sponsor's height in inches. The valid range is 48 through 96 inches. If the sponsor is deceased or if you do not know the height, leave blank. (Use two characters.)

A3.3.26. Block 26. Weight. Enter the sponsor's weight in pounds. The valid range is 0 through 999. If the sponsor is deceased or if you do not know the weight, leave blank. (Use up to three characters.)

A3.3.27. Block 27. Medicare. Enter the sponsor's entitlement status for Medicare, Part A, hospital insurance through the Social Security Administration. (Use one character.)

- D -- Dual entitlement to Medicare and CHAMPUS.
- Q -- Eligible, under age 65. Medicare starts before sponsor reaches age 65.
- E -- Eligible, over age 65. Medicare starts on or after sponsor's 65th birthday.
- N -- Not eligible, has not attained age 65.
- S -- Not eligible, over age 65. Not eligible for medicare; CHAMPUS entitled.
- P -- Other insurance purchased (either Medicare or non-Medicare).
- O -- Over age 65. Eligibility for Medicare, Part A, hospital insurance started after age 65.
- L -- Under age 65: Eligible for Medicare due to end stage renal disease.

**NOTE:** If a beneficiary is within 90 days of age 65, you may issue the ID card to expire past the 65th birthday. This option is available whether or not the beneficiaries are eligible for Medicare, Part A, at age 65. When preparing DD Form 1172, update the Medicare field with codes E or S, whichever applies.

A3.3.28. Block 28. Marital Status. Enter the sponsor's marital status using one of the valid abbreviations listed in the left column below: (Use three characters.)

ANL	--	Annulled
DIV	--	Divorced
INT	--	Interlocutory Decree
JSM	--	Joint Service Marriage
LSP	--	Legally Separated
MAR	--	Married
SGL	--	Single
WID	--	Widow or Widower
OTH	--	Other
UNK	--	Unknown

A3.3.29. Block 29. ELIG ST/MC EFF DATE (eligibility start date or civilian health care effective date or Medicare, Part A, hospital insurance, start date, and Guard or Reserve start date). Enter the sponsor's eligibility start date in four-digit year, three-character month, and two-digit day format (YYYYMMMD). (Use nine characters.)

A3.3.29.1. For active duty sponsors enter the date the sponsor started active duty. A break in service that lasted more than 24 hours results in a new eligibility start date.

A3.3.29.2. For RET, FM, TDRL, or PDRL sponsors, enter the date the sponsor became eligible to receive retired pay. If the sponsor became eligible for Medicare, Part A, hospital insurance benefits before reaching age 65, enter the Medicare, Part A, start date and a Q in block 27.

A3.3.29.3. For Reserve component RET sponsors qualifying for retired pay at age 60, enter the sponsor's 60th birthday. If the sponsor became eligible for Medicare, Part A, hospital insurance after age 60 but before reaching age 65, enter the Medicare, Part A, start date and enter a "Q" in block 27. If eligibility occurred after age 65, enter the Medicare, Part A, hospital insurance start date and enter an "O" in block 27.

A3.3.29.4. For CIV, DAVTMP, DAVPRM, or MH, enter the date the sponsor's qualifying status began.

A3.3.29.5. For Ready Reserve members enter the date the sponsor started his or her current Reserve commitment. For Reserve retirees entitled to pay at age 60, enter the date Reserve retirement began.

A3.3.30. Block 30. CARD EX/ELIG END DATE (card expiration date or eligibility end date, Guard or Reserve end date). Enter the effective end date for DD Form 2 as **Attachment 12** prescribes; or for DD Form 1173 as **Attachment 4** prescribes. Enter the sponsor's card ex/elig end date in four-digit year, three-character month, and two-digit day format (YYYYMMMD). (Use nine characters.)

A3.3.31. Block 31. Privileges Authorized. In the spaces provided, enter the correct abbreviation to show the benefits and privileges that the sponsor is authorized to receive. (Use one character for each privilege category.)

- MC -- If the sponsor is entitled to medical care under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), enter C. If the sponsor is not entitled to CHAMPUS, enter N.
- MS -- If the sponsor is authorized health care at Uniformed Services facilities (MS), enter Y. If the sponsor is not authorized MS, enter N.
- C -- If the sponsor is authorized commissary privileges, enter C. If the sponsor is not authorized commissary privileges, enter N.
- T -- If the sponsor is authorized theater privileges, enter T. If the sponsor is not authorized theater privileges, enter N.
- EU -- If the sponsor is authorized unlimited exchange privileges, enter Y. If the sponsor is not authorized unlimited exchange privileges, enter N.
- EL -- If the sponsor is authorized limited exchange privileges, enter Y. If the sponsor is not authorized limited exchange privileges, enter N.

**NOTE:** Leave blank for Ready Reserve members and Reserve retirees who are entitled to pay at age 60 but have not reached their 60th birthday.

A3.3.32. Block 32. END ELIG REASON (end eligibility reason). If you are terminating the sponsor's eligibility for benefits and privileges, enter the reason using one of the abbreviations in the left column below. When terminating eligibility, you must also enter a T in block 12. (Use three characters.)

- DTH -- Death
- UIS -- Unauthorized issue (use only for individuals who were never eligible)  
(see paragraph 5.5.)
- EEN -- End of entitlement
- DEA -- Deactivate Guard/Reserve
- DES -- Deserter

#### A3.4. Section II. Dependent Information:

A3.4.1. Block 33. Name. Enter the dependent's name in the manner that block 1 prescribes. **NOTE:** Do not enter nicknames, short spellings, or popular names. The name should reflect the legal name appearing on the birth certificate used for verification, unless the dependent legally changed his or her name in compliance with the legal requirements of the state in which he or she made the change. Consult the base JA for advice. For ID card purposes, there is no legal requirement that a wife take her husband's name at the time of marriage. A copy of a birth certificate and marriage certificate is required if a wife reverts back to her maiden name. A court order is not required.

A3.4.2. Block 34. Sex. Enter the dependent's sex in the manner that block 2 prescribes.

A3.4.3. Block 35. Relationship. Enter the dependent's relationship to the sponsor using one of the valid abbreviations listed in the left column below: (Use no more than 6 characters.)

CH	--	Child
SC	--	Stepchild
URW	--	Unremarried widow or widower (never remarried)
UMW	--	Unmarried widow or widower
PL	--	Parent-in-law
SPL	--	Stepparent-in-law
PAR	--	Parent
STP	--	Stepparent
SP	--	Spouse
WARD	--	Legal ward
URFSO2	--	Unremarried former spouse (meets 20-20-20 criteria)
URFSO3	--	Unremarried former spouse (meets 20-20-15 criteria and marriage terminated before 1 April 1985)
URFSO4	--	Unremarried former spouse (meets 20-20-15 criteria and marriage terminated on or after 29 September 1988)
UMFS	--	Unmarried former spouse (meets 20-20-20 criteria and remarriage terminated by death or divorce)

**NOTE:** For Ready Reserve members and Reserve retirees entitled to pay at age 60, use only codes SP, CH, SC, or WARD.

A3.4.4. Block 36. SSN. Enter the dependent's SSN. Enter all zeros if dependent has no SSN. (Use nine characters.)

A3.4.5. Block 37. ID No. If you are issuing DD Form 1173 or DD Form 1173-1, enter the serial number in this block on paper-laminate ID card. If you are terminating eligibility to entitlements, do not update this block except to identify a card that may be in the possession of an individual no longer entitled to it. Retrieve the card for destruction. (Use no more than ten characters.)

A3.4.6. Block 38. Last Update. Take no action. Refer to block 11.

A3.4.7. Block 39. V/I (Verify/Issue). Enter the action as block 12 prescribes. For dependents of active duty sponsors who are no longer eligible for benefits, or for Guard and Reserve DEERS Enrollment Program dependents who are no longer eligible for future benefits on mobilization of the sponsor, enter Code "T" and the appropriate code in block 60. For all other Ready Reserve members and Reserve retirees entitled to pay at age 60, leave blank.

A3.4.8. Block 40. Current Residence Address. Enter the number and street of the dependent's residence address. If the dependent is deceased or if you do not know the address, leave blank. (Use no more than 27 characters.)

A3.4.9. Block 41. Supplemental Address Information. Enter supplemental address information as block 14 prescribes.

A3.4.10. Block 42. City. Enter the dependent's current city of residence as block 15 prescribes.



A3.4.11. Block 43. State. Enter the postal abbreviation for the dependent as block 16 prescribes.

A3.4.12. Block 44. ZIP Code. Enter the nine-digit ZIP Code of the dependent's current residence address in the manner that block 17 prescribes.

A3.4.13. Block 45. Country. Enter the dependent's country of residence as block 18 prescribes.

A3.4.14. Block 46. Home Telephone Number. Enter the dependent's current residence telephone number in the manner that block 20 prescribes.

A3.4.15. Block 47. Date of Birth. Enter the dependent's date of birth in the manner that block 21 prescribes.

A3.4.16. Block 48. MBI (Multiple Birth Indicator). Enter the applicable value to identify dependents whose dates of birth are within 304 days of each other. Y: Yes, there are multiple births. N: No, there are no multiple births. Enter this value even when those dependents are not twins, triplets, etc. (Use one character.)

A3.4.17. Block 49. STU (Student). If the dependent child is 21 or 22 years of age and meets the criteria for entitlement as a full-time student, enter Y. If the dependent child is 21 or 22 years of age and is not a student, enter N and make the necessary entry in block 50. (Use one character.)

A3.4.18. Block 50. INCAP (Incapacitated Status). Make an entry in this block for each child over 21 years of age who is entitled to benefits and privileges as an incapacitated child. Enter the appropriate value from the left column below: (Use one character.)

N -- Not Incapacitated

P -- Permanently Incapacitated (will not be resolved in the foreseeable future)

T -- Temporarily Incapacitated (will be resolved within a specific period of time)

**NOTE:** Reestablish eligibility for each subsequent renewal or replacement of ID cards for this category of dependent. (For exceptions, see paragraph 2.11.2.)

A3.4.19. Block 51. Medicare. Enter the dependent's entitlement status for Medicare, Part A, hospital insurance through the Social Security Administration in the manner that block 27 prescribes. **NOTE:** For dependents of Ready Reserve retirees entitled to pay at age 60 who have DD Form 1173-1, leave this block blank.

A3.4.20. Block 52. Color Eyes. Enter the dependent's correct eye color as block 23 prescribes.

A3.4.21. Block 53. Color Hair. Enter the dependent's correct hair color as block 24 prescribes.

A3.4.22. Block 54. Height. Enter the dependent's height in inches as block 25 prescribes. The valid range is 00 through 96 inches. (Use two characters.)

A3.4.23. Block 55. Weight. Enter the dependent's weight in pounds as block 26 prescribes.

A3.4.24. Block 56. Date of Marriage (YYYYMMDD). If the dependent's relationship is SP, URW, UMW, URFSO2, URFSO3, URFSO4, or UMFS, enter the date of marriage. (Use nine characters.)

A3.4.25. Block 57. ELIG ST/MC EFF DATE. Enter the effective start date of the dependent's eligibility for benefits and privileges as Attachment 4 prescribes: (Use nine characters):

A3.4.25.1. For dependents eligible for Medicare, Part A, before age 65, enter the date Medicare eligibility began. Enter a Q in block 51, or block 79 if applicable to second dependent listed. If eligibility starts after age 65, enter the Medicare, Part A, hospital insurance start date and enter an O in block 51, above, or block 79 below, if applicable to dependent listed.

A3.4.25.2. For Ready Reserve dependents and dependents of Reserve retirees entitled to pay at age 60 who are issued DD Form 1173-1, leave blank.

A3.4.25.3. For 20-20-20 former spouses not entitled to medical benefits because of enrollment in employer-sponsored health plans, enter the date that eligibility for the health plan began and indicate N in the MC block.

A3.4.25.4. For Medicare eligible beneficiaries under age 65 who are enrolled in Medicare, Part B, and who remain CHAMPUS eligible until age 65, enter the date the beneficiary becomes entitled to CHAMPUS (see **Attachment 4** for MC effective dates). Enter AD in block 51 (or block 79, if applicable to second dependent listed), and indicate Y in the MC block.

A3.4.25.5. Wards of active duty members 5 October 1994 or date dependency and residency is established, whichever is later. Wards of retired members, 1 July 1994 or date dependency and residency is established, whichever is later. **NOTE:** Wards of active duty members became eligible for MS 1 July 1994; however, they did not become eligible for CHAMPUS until 5 October 1994.

A3.4.26. Block 58. CARD EX/ELIG END DATE. Enter the eligibility end date or card expiration date as **Attachment 4** prescribes. (Use nine characters.) **NOTE:** If you are not issuing a card to a newborn child, end eligibility date is 10 years, 6 months from date of birth. For Ready Reserve, enter a maximum of 4 years from verification date on DD Form 1172, sponsor's expiration of service date, or dependent's 21st birthday, whichever occurs first. For Reserve retirees entitled to pay at age 60, enter a maximum of 4 years from date of verification of DD Form 1172, dependent's 21st birthday, or sponsor's 60th birthday, whichever occurs first. For students or incapacitated children, see **Attachment 4**. Enter the card ex/elig end date in 4-digit year, 3-character month, 2-digit day format (YYYYMMDD). (Use 9 characters.)

A3.4.27. Block 59. Privileges Authorized. Enter the dependent's benefits and privileges as block 31 prescribes.

A3.4.28. Block 60. END ELIG REASON. If you are terminating the dependent's eligibility for benefits and privileges, enter the reason, using one of the abbreviations listed in the left column below. Enter a T in block 39 or block 67 when terminating eligibility. (Use three characters.) Enter date of divorce if you are using termination code DIV.

ACD	--	Dependent on active duty
DIV	--	Divorce from sponsor
DMG	--	Dependent child married
DTH	--	Death
EEN	--	End of entitlement
ESS	--	End of student status
ETI	--	End of temporary incapacitation
TWF	--	Twenty-first birthday
UIS	--	Unauthorized issue

For Guard and Reserve DEERS Enrollment Program dependents, use only codes ACD, DIV, DMG, and DTH.

A3.4.29. Block 61 through 88. Enter in the manner that blocks 33 through 60 prescribe.

### **A3.5. Section III. Sponsor Declaration and Remarks:**

#### **A3.5.1. Block 89. Remarks:**

A3.5.1.1. Enter the method of verification and further explanation of entitlement status, such as marriage certificate, birth certificate, or court order for adoption. (Do not state "appropriate documents reviewed." Rather, list each document for every dependent separately.) (This block contains up to four typed lines of information.)

A3.5.1.2. State that the former spouse has not remarried since the date of divorce from the member and does or does not have medical coverage under an employer-sponsored health plan. The former spouse must initial this statement.

A3.5.1.3. If the dependent child is a student over age 21, the sponsor and child have different addresses, or applicant is receiving DD Form 1173- 1, indicate whether the sponsor provides more than 50 percent of the child's support.

A3.5.1.4. Indicate whether the sponsor is unavailable to sign or will not sign.

A3.5.1.5. For a member who is involuntarily separated and eligible under TAMP, include a statement that the sponsor and dependents qualify for benefits under TAMP based upon a separation date of (\_\_\_insert date\_\_\_). (This block may contain up to five typed lines of information.)

A3.5.1.6. For a member on TDRL who is receiving the second 30-month blue card, enter a statement that the member is not receiving Medicare, Part A.

A3.5.1.7. For widows and widowers who are reissuing or renewing ID cards, include a statement that he or she has not remarried. The widow or widower must initial this statement.

A3.5.1.8. For eligible dependents who require a dependency determination or a medical sufficiency statement and whose cards were lost or stolen before the end eligibility date expired, enter a statement indicating that there has been no change in the status of the dependent.

A3.5.1.9. Regardless of the applicant's age or incapacity status, the verifying official must state whether the individual is entitled to Medicare, Part A:

A3.5.1.9.1. If entitled to Medicare, Part A, the applicant is not eligible for CHAMPUS. **EXCEPTIONS:** The military sponsor is on active duty, or dependents qualify under paragraph 2.25. (under age 65, eligible for Medicare Part A, and also enrolled in Part B.)

A3.5.1.9.2. If the applicant is not entitled to Medicare, Part A and is beyond age 65, the Social Security Administration must provide a letter certifying that the individual is not entitled to Medicare, Part A. The Verifying official should cite the letter from SSA in block 89.

A3.5.1.10. When member is an AFOSI special agent, enter "Member is an AFOSI special agent and is not authorized CHAMPUS."

A3.5.1.11. For illegitimate children residing in the sponsor's household, enter a statement certifying that residency and dependency are met. The sponsor must initial this statement. If the sponsor is a male Marine, cite approved Child's Dependency Affidavit from the command.

A3.5.1.12. For wards, certify that residency and dependency are met.

A3.5.1.13. For wards, sponsor certifies that he or she has had legal custody for 12 consecutive months or will have in the future, if court order does not specify.

A3.5.2. Block 90. Signature. The sponsor's signature certifies acknowledgment of conditions and responsibilities under which benefits and privileges are authorized for eligible dependents. Therefore, the sponsor must sign block 90 with the following exceptions:

A3.5.2.1. When the ID card application is for an unremarried or unmarried former spouse.

A3.5.2.2. When the sponsor is deceased, the surviving spouse signs the DD Form 1172.

A3.5.2.3. When the sponsor is deceased and there is no surviving spouse, children over 18 years old may sign the form.

A3.5.2.4. When there is no surviving spouse and the unmarried child is under 18 years old, the parent or guardian signs the form.

A3.5.2.5. When the sponsor is unable or unwilling to sign as paragraph 2.27. specifies, the verifying official signs and indicate in block 89 the reason the sponsor did not sign.

A3.5.2.6. When a temporary ID card may be issued according to paragraph 2.5.

A3.5.2.7. When the DD Form 1172 is prepared for the purpose of terminating eligibility and the verifying official has viewed the appropriate documentation, the verifying official may sign.

A3.5.2.8. When a valid power of attorney is presented.

**NOTE:**

The sponsor must sign DD Form 1172 in the presence of the verifier. DD Forms 1172 that have not been verified and that are presented to the ID card issuing office by someone other than the person authorized to sign block 90 must have a notarized signature. Place the notary seal and signature in the right margin of section III.

A3.5.3. Block 91. Date Signed (YYYYMMDD). Enter the date the sponsor signed the DD Form 1172.

**A3.6. Section IV. Verified by:**

A3.6.1. Block 92. Type Name (Last, First, Middle). Enter the information pertaining to the verifying official. (Use no more than 27 characters.)

A3.6.2. Block 93. Pay Grade. Enter the pay grade of the verifying official. (Use no more than four characters.)

A3.6.3. Block 94. Unit/Command Name. Enter the unit or command name for the verifying official. (Use no more than 26 characters.)

A3.6.4. Block 95. Title. Enter the verifying official's title. (Use no more than 24 characters.)

A3.6.5. Block 96. UIC (Unit Identification Code). Enter the unique identifier (UIC, PAS Code, RUC-MCC, OPFAC) for the verifying office in the manner that block 19 prescribes.

A3.6.6. Block 97. Duty Phone Number. Enter the verifying official's duty telephone number. (Use no more than 14 characters.)

A3.6.7. Block 98. Unit/Command Address (Street, City, State, and ZIP Code). Enter the mailing address for the verifying official. (Use no more than 28 characters.)

A3.6.8. Block 99. Signature. The verifying official must sign in this block.

A3.6.9. Block 100. Date Verified (YYYYMMDD). Enter the date of verification. (Use nine characters.)

**A3.7. Section V. Issued by.** Blocks 101 through 109. Enter in the manner that section IV prescribes.

**A3.8. Section VI. Recipient's Acknowledgment:**

A3.8.1. Block 110. Recipient's Signature. Each recipient must sign in this block. Indicate in this block if any recipient is incapable of signing or is an infant. This block may contain multiple signatures.

A3.8.2. Block 111. Date Signed (YYYYMMDD). Enter the date of the recipient's acknowledgment. (Use nine characters.)

**NOTES:**

1. DD Form 489. Complete the appropriate blocks of the DD Form 1172. Include additional data required to issue the ID card in the remarks section (block 89). For example, place the applicant's religion in block 89 since there is no block for religion on the DD Form 1172.
2. AF Form 354. Complete only blocks 1 through 6; 9 and 10; 12 through 18; 21; 23 through 26; and 30. Line through incomplete blocks. Complete block 4 (CIV or RET); block 5 (USAF); block 6 (current pay plan and grade); block 9 (AF Form 354); block 10 (completed by issuing activity); block 12 (I); block 13 (street number and name); block 14 (use for supplemental address information such as apartment number); and block 18. When issuing an ID card to a dependent, complete blocks 33 through 37, 39, 40 through 45, 47, 52 through 55, and 58. Use section III, block 89, to record the employee's organization and office symbol, and any other pertinent information. Do not require a notarized signature. Employee signs and dates (blocks 90 and 91), and verifier completes blocks 92 through 100 in section IV.